

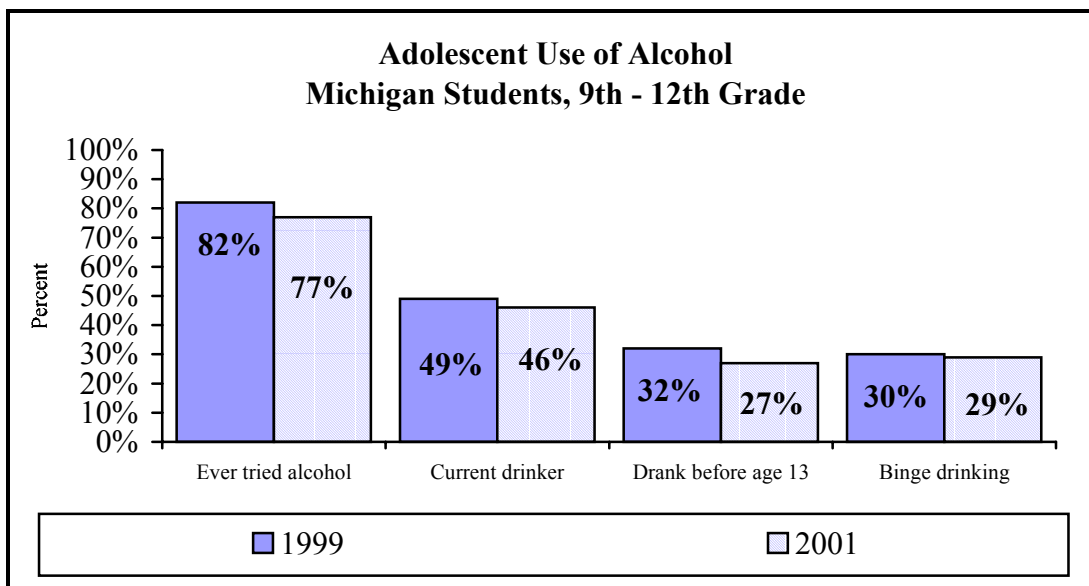
## Focused Indicators

### Health Risk Behaviors

#### *Adolescent Use of Alcohol, Tobacco, and Other Drugs*

#### ***How are we doing?***

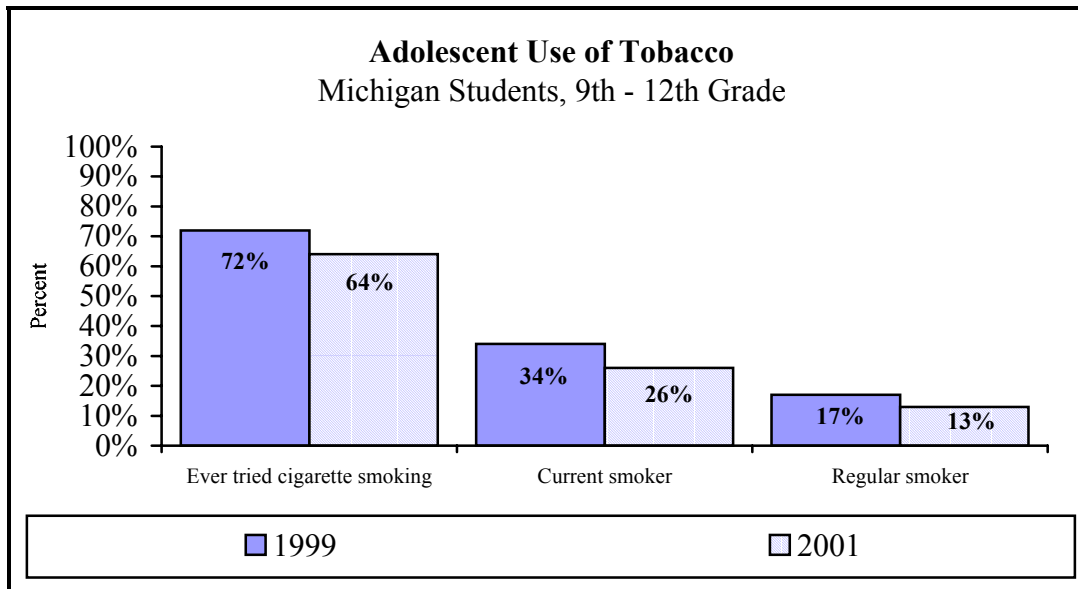
The use of alcohol, tobacco, and other drugs by adolescents jeopardizes the health and well-being of Michigan youth. Adolescent use of these substances is measured by the Michigan Youth Risk Behavior Survey (YRBS). The YRBS is a joint project between the Michigan Department of Community Health and Michigan Department of Education. The 1999 and 2001 surveys obtained a representative sample of ninth through twelfth grade students in public schools. The findings can be considered estimates of the prevalence of health-risk behaviors among Michigan public high school students. Estimates from the 1999 and 2001 surveys are comparable.



Source: YRBS, Health Promotions and Publications, MDCH

People who begin drinking before age 15 are four times more likely to develop alcoholism than those who begin at 21. The 2001 Michigan YRBS reports:

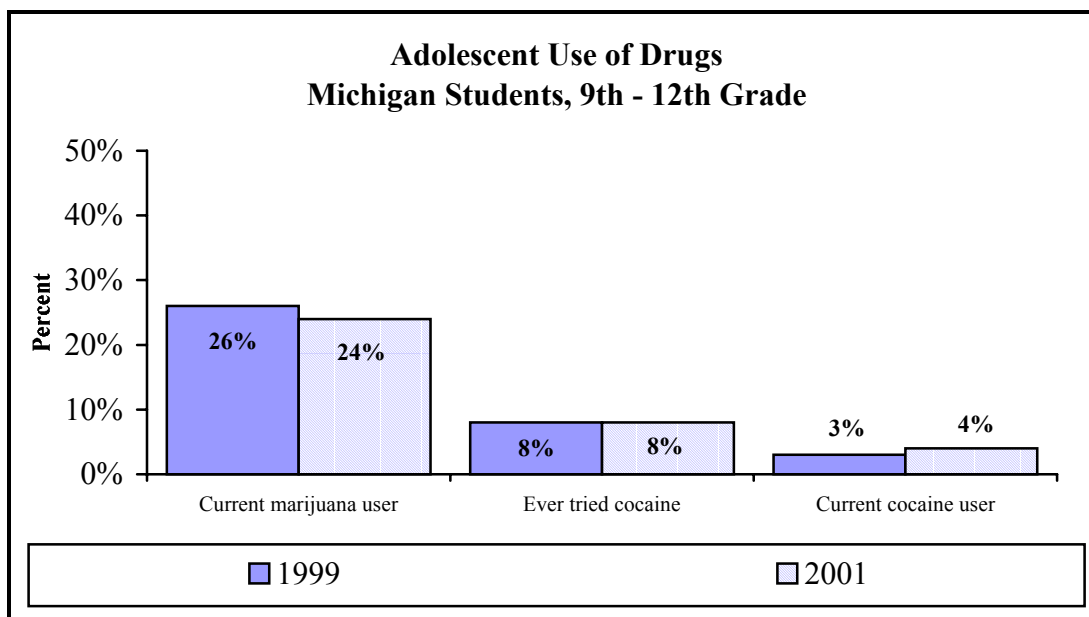
- 77 percent of survey respondents had tried alcohol and 46 percent were current drinkers;
- 27 percent had their first full drink of alcohol before age 13;
- 29 percent engaged in binge drinking; and
- There was no statistically significant difference between the 1999 and 2001 results for these four alcohol use indicators.



Source: YRBS, Health Promotions and Publications, MDCH

According to the Centers for Disease Control and Prevention, five thousand people under age 18 try their first cigarette each day. Approximately 80 percent of adult smokers started smoking before the age of 18, and almost no one begins after the age of 25. The 2001 Michigan YRBS reports:

- 64 percent of survey respondents had tried smoking a cigarette and 26 percent smoked during the previous 30 days (current smoker);
- 13 percent were regular smokers; and
- There was a statistically significant difference between the 1999 and 2001 results for the youth that had ever tried and current smoking indicators but there was no significant difference for the regular smoking indicator.



Source: YRBS, Health Promotions and Publications, MDCH

Despite improvements in recent years, illicit drug use is greater among high school students in the U.S. than in any other industrialized nation in the world. The 2001 Michigan YRBS reports:

- 44 percent of survey respondents had tried marijuana and 24 percent were current users;
- Eight percent had tried cocaine and four percent were current users; and
- There was no statistically significant difference between the 1999 and 2001 results for these three drug use indicators.

### ***How does Michigan compare with the U.S.?***

In 2001, the percent of adolescents who identified themselves as having used alcohol, tobacco, and other drugs (cited above) in Michigan was similar to the U.S. average. There was a statistically significant difference between the Michigan (64%) and U.S. (70%) average for youths who stated they had “ever tried cigarette smoking”

### ***How are different populations affected?***

Twelfth graders were more likely than students in 9<sup>th</sup> and 10<sup>th</sup> grade to drink and binge drink. In general, white students were more likely than African-American students to be recent or regular smokers and current alcohol drinkers; and engage in binge drinking. Males were more likely than females to have reported using heroin. Females were less likely than males to have ever tried various illegal substances or to report recent use.

### ***What other information is important to know?***

Heavy drinking by youths has been linked to physical fights, destruction of property, high-risk sexual behavior, other criminal activity, as well as poor academic and employment outcomes.

Tobacco use is the primary cause of preventable deaths in Michigan, accounting for approximately one in five deaths. More than 6.4 million children living today will die prematurely because of the decision they make to start smoking. The Centers for Disease Control and Prevention reports that 70% of adolescent smokers wish they had never started smoking.

Drug abuse is related to increased injuries, early-unintended pregnancies, academic problems, delinquency, and the spread of sexually transmitted diseases. Clinical studies have shown that marijuana can have a host of acute and short-term effects including impairment of skills related to attention, memory, and learning as well as complex motor skills such as those needed to drive a car. Studies also indicate that regular marijuana users may have many of the same respiratory problems as cigarette smokers.

### ***What is the Department of Community Health doing to affect this indicator?***

The department is working to prevent adolescent use of alcohol, tobacco, and other drugs. Twenty-one programs within the state offer specialized substance abuse assessment, outpatient, intensive outpatient, and residential services to adolescents. The department also continues to offer leadership and advisory support to Teen Health Center/Alternative models. They provide

primary healthcare services to adolescents, including an evaluation of alcohol, tobacco, and other drug use and provide support to secondary and tertiary services. Health promotion and education are provided to encourage prevention.

Departmental prevention initiatives include information dissemination through newsletters and presentations, education, problem identification and referral, support for coalitions that raise awareness and mobilize communities for change, and environmental activities such as point of sale reduction activities and promotion of healthy lifestyle activities. The department supports peer counseling, mentoring, life skills development, information and help lines, and other prevention programs.

The Michigan Department of Community Health is using the Michigan Model for Comprehensive School Health Education to help improve the health behaviors of students. In kindergarten through twelfth grades, over 1 million students in Michigan are receiving education concerning substance use and abuse and injury and violence prevention each year. Additional aspects of this model include educating students on prevention of communicable diseases, nutrition, and cardiovascular health.

Approximately \$13 million in substance abuse prevention and treatment block grant funds are made available for substance abuse prevention efforts to communities throughout the state. Substance abuse prevention needs in each region of the state are prioritized and addressed by incorporating the needs of the general population and the needs of high-risk groups, including youth. In addition, local agencies provide specialized services to additional youth populations, including African American youth, gay/lesbian youth and Arab/Chaldean youth.

To address substance abuse among Michigan's citizens, Michigan has contracted with 16 coordinating agencies to develop comprehensive plans for substance abuse treatment and rehabilitation and prevention services consistent with guidelines established by the department. Coordinating agencies are responsible for providing treatment services to substance abusers including women of childbearing age, pregnant women and children. The coordinating agencies are responsible for developing funding and monitoring and evaluating a network of funded, licensed substance abuse treatment providers within the geographic area. They not only arrange for payment for these publicly funded services, but they are involved in setting standards for the hiring of credentialed counselors, for conducting annual evaluations of the effectiveness of the providers they fund, and for coordinating prevention services.

The department works with local criminal justice agencies, education providers, grassroots organizations, and other state agencies to reduce and prevent adolescent substance abuse, to reclaim and restore neighborhoods, and to educate the children of Michigan about the dangers of substance abuse. Programs such as the Michigan Coalition to Reduce Underage Drinking (MCRUD), a coalition of prevention partners, focus on underage drinking issues through grant awards and support of local coalitions.

The department has sponsored several new programs in partnership with Michigan universities. More than 1,700 resident assistants, hall directors, Greek advisors, and student peer leaders were trained in alcohol interventions on 12 campuses. A Campus Mentoring Program that emphasizes an alcohol and drug-free approach to campus life reaches about 3,000 incoming freshman per

year at 13 participating universities. The department also began an advertising campaign aimed at educating college students on the dangers of binge drinking. In addition to advertisement and information brochures for parents, the department designed a website to address binge drinking and included a Survey of Alcohol Policies with responses from 15 universities.

During the past years, the Safe and Drug Free Schools program serviced almost 1.99 million school children. The DARE program teaches young children about violence prevention and the dangers of substance use. In 1998, more than 200,000 students, parents, and other community members participated in 55 local drug and violence prevention programs. In collaboration with various state agencies and the Executive office, the department worked to develop the “Blueprint for a Drug Free Michigan.”

The Michigan Teen Outreach Program (MTOP) strives to increase the number of adolescents in Michigan who are making positive choices to abstain from risky behaviors, including sexual activity and the use of alcohol, tobacco and other drugs through participation in service-learning and abstinence education intervention. Five community organizations are funded through MTOP. An advisory steering committee is in place in each funded community. Each community is expected to reach a minimum of 300 youth with 55-70 hours of intervention per participant. The Cornerstone Consulting Group’s Teen Outreach Program is the service-learning curriculum utilized at all sites. The abstinence-plus portion of this curriculum is replaced with a community selected abstinence-only curriculum in order to meet the definition of abstinence education as outlined in Section 510 of Title V of the Social Security Act and the MDCH appropriation boilerplate. Parent education is also implemented in order to encourage parents to talk openly with their children about sexuality and the benefits of abstinence.

Last Updated: June 2003